

Request For Revocation



Per DSCYF Policy 205, I understand that I can revoke authorization for the release of information, in writing, to the DSCYF Privacy Officer

(DSCYF_Revocations@delaware.gov or fax (302) 661-7267), at any time prior to its designated expiration. I understand that the revocation will not apply to information that has already been released in reliance on this authorization.

DATE OF REQUEST:

TO DSCYF PRIVACY OFFICER:

YOUR NAME:

MAILING ADDRESS:

TELEPHONE (optional):

EMAIL (optional):

RELEASE TO BE REVOKED: Please include client name(s) and date(s) of birth; your relationship to client(s); and any other information you feel is pertinent.

Signature:

Date:
